

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 AM April 14, 2011**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Tuesday, April 14, 2011, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Rich Leclerc, Chair, Linda Bryan, Ed Congdon, Sandra DelSesto, Mark Fields, Jim Gillen, Bruce Long, Lisa Lunt, Anne Mulready, Reed Cosper and Elizabeth Earls.

Ex-Officio Members Present: Janet Anderson, Department of Children, Youth and Families (DCYF); Michelle Branch, Department of Corrections (DOC), Denise Achin, Department of Education; Sharon Kernan, Department of Human Services (DHS), and Charles Williams, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)

Guests: Coleen Caron, Sandy Woods, Roberta Richmond, Joyce Cushman, Jill Beckwith and John Neubauer

Staff: James Dealy and Lisa Stevens

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:40 a.m. After introductions were conducted, Richard Leclerc entertained a motion to accept the minutes of March 9, 2011. Linda Bryan asked if Joyce Cushman had the information mentioned in the minutes from Butler Hospital. Jim will send this as an attachment to the minutes. Elizabeth Earls motioned to accept the minutes. The motion was seconded by Mark Fields. Richard Leclerc called for a vote to approve the minutes, Anne Mulready abstained, the rest were in favor and the minutes were approved as written.

New Council Members: New appointees received letters this week, including Lisa Lunt and Ed Congdon who were present at this meeting. More names will be submitted in the next few months.

Transitional Youth: Denise Achin reported. There was a meeting in March with a good presentation from three of the FCCP directors. Denise will be attending a workshop put on by the Foster Parents Association to understand the effects of transition on youth in foster care. Housing resources for the homeless population will be the last presentation before the final report. By this summer, there should be recommendations based on the information gathered from the previous year's presentations.

ROSC: Sandra DelSesto's meeting has been scheduled for May 4th at 9 a.m. at Barry Hall. The first task will be to revisit the report given to the Council and make some revisions based on what has gone on since that report was issued. The second will be to begin to implement the plan.

FCCP Update: Dr. Colleen Caron, who heads Data & Evaluation at DCYF, presented. The Family Care Community Partnerships (FCCP) is in its implementation phase and not yet in the outcome phase, which will take about two to four years. *Attachment I* was handed out with samples of the data collected reflecting the quarter of 10/1/2010 – 12/31/10. In this 4th quarter, there were 1198 families active for at least one day or greater. The FCCP subcommittee meets monthly to analyze the data and to discuss how to move forward. Colleen defined some of the acronyms listed in the data attachment.

Natural supports, including a family's extended family, community and social network, are used to implement "wraparound" services, which will lessen the need for DCYF involvement. Part of the

eligibility criteria for wraparound service is the child/family's need for multiple services. As more training in wraparound services is conducted, DCYF anticipates that more services will be delivered using the wraparound model.

Colleen explained the correlation in the report between the severity of the presenting problem and the response times. The biggest proportion of FCCP families came into services through "routine," rather than "emergency" or "urgent" referrals. This trend has been constant across quarters since the FCCP's inception.

Table 7 describes the correlation between response priority and whether the family received wraparound or non wraparound services.

Colleen was asked what outcome data was being collected. She explained that the measures being used are: reasons for case closing, functional assessment scores, whether closed cases return to FCCP, whether a case closes because a family member opens to DCYF, child maltreatment, Ohio scale scores, and the wrap around fidelity index.

The full data report is contained in **Attachment I**.

Updates from DCYF: Janet Anderson presented. Currently at DCYF, there are a two initiatives driven by budget necessity. The first, Immediate Response Foster Homes, has been designed and implemented as an alternative to sending children to group care. Capacity has been increased for both private treatment foster homes and generic foster home with trauma training. Both types are considered best practice models.

The "90 Day System" is the second best practice, budget driven initiative. This family team approach is part of the Phase II of System of Care Transformation rollout. From the first day a child comes into the Department's care, the family and the people around that family are pulled together to look at the next steps and the transition from DCYF substitute care. Community based programs can be pulled in to give services at well. At 90 days, the team must come together to determine whether the child needs to continue in substitute care. This system creates a supportive services environment that hopefully will make transition from substitute care more successful than under previous planning processes.

Updates from DHS: Sharon Kernan presented. The grant funding for Communities of Care initiative ends today. Plans have been made to continue this critical initiative. The target population for Communities of Care is individuals who have used the Emergency Room four or more times in a year. Sandra asked about the status of the initiative to continue Medicaid care coverage for parents whose children have been removed by DCYF while they are in treatment. Sandra mentioned that she collected over 100 signatures in support of the initiative and has forwarded them to Elena Nicollela at DHS.

Sharon did not have updated information, but subsequently determined that the target date for implementing this initiative is June 1st.

Updates from BHDDH: Charles Williams presented. There is one piece of legislation (Senate 772, House 5969) that was heard for the first time yesterday. It is a disability employment bill which would provide employment opportunities to DD agencies as well as MH agencies. It will create competitive worksites, giving a preference in some types of work to those with disabilities. This bill has strong support in the legislature.

A Consent Decree was signed in March between the state, including this and several other departments, and the Federal Department of Justice. It will ensure that people with disabilities are offered the opportunity to register to vote. The option to register will be given to people applying for services, changing their address or being recertified. It will be implemented at both campuses of the hospital, DD, RICLAS and 31 provider agencies partially funded by BHDDH. Under the Decree we have to report monthly for the first 6 months then quarterly thereafter.

April 30th is National Prescription Take Back Day, which provides a no-cost way for people to turn in unused and potentially dangerous prescription drugs.

The Department received 22 applications for high school marihuana prevention programs using Prevention Block Grant funds and is holding its 4th meeting regarding the potential awardees.

Old/New Business: Bruce Long's agenda item 'Social Host Law' will be postponed to the next meeting and put on the top of the agenda.

Effective Federal '13, with the planning to begin with this year's application process, SAMHSA is combining the MH services Block Grant and the SA Treatment Prevention Block Grant into a single block grant.

Charles suggested that the Federal Fiscal '12 Block Grant should be put on the next agenda.

Upon motion made and seconded, the meeting adjourned at 10:00 a.m.

The next meeting of the Council is scheduled for **Tuesday, May 10, 2011 at 1:00 p.m. at Anchor Recovery Center 249 Main Street Pawtucket, RI 02860 (401-721-5100) www.anchorrecovery.org** Pizza and desert will be served starting at 12:30, and the meeting will begin promptly at 1:00 p.m. **Directions to Anchor are:**

Take Route 95 No. to Exit 27, going towards Downtown Pawtucket. Take the first left onto George Street. George St. becomes Park Place East. Continue through several traffic lights to the end of the street, where it ends at Main Street. There is free parking on the 1st and 3rd floors of the garage at the corner of Park Place East and Main Street. Anchor is a block down Main Street (going right from the intersection) and is on the left side of the street. Jim Gillen can be reached at 721-5100.

Minutes respectfully recorded and written by:

Lisa Stevens
Secretary, Governor's Council on Behavioral Health